



STATE OF TENNESSEE
INTERNATIONAL REGISTRATION PLAN
SCHEDULE C
APPLICATION FOR REPLACEMENT OF CREDENTIALS

SUPPLEMENT NUMBER _____

A

Name of Registrant _____

Doing Business As: _____

Business Street Address _____

City _____ County _____ State _____ Zip Code _____

B

Mailing Address _____

City _____ State _____ Zip Code _____

1 OEN	2 V.I.N.	3 YEAR	4 MAKE	5 VEHICLE TYPE	6 LICENSE PLATE NUMBER	7 DECAL NUMBER

C

License Yr. _____ IRP Account# _____ Fleet # _____ Page _____ of _____

Person to Contact Regarding Application:

Name _____ Telephone No. _____ Fax No. _____

D

Temporary Permit Requested? (Please check one) Yes ____ No ____

F

REPLACEMENT CREDENTIAL REQUESTS

☐ REPLACEMENT CAB CARD \$2.00

☐ REPLACEMENT PLATE/DECAL \$2.75
(CAB CARD INCLUDED)

The original cab card must accompany a lost license plate transaction. If the cab card cannot be returned, complete the affidavit for lost cab card, Item H on the reverse side.

Declaration: Under penalty of perjury, the undersigned declares that the information on this application is true and correct.

By: _____ Date: _____

Title: _____

OFFICE USE ONLY		
	DATE	INITIALS
VERIFIED & KEYED		
AUDITED		
CREDENTIALS RELEASED		

Schedule C Application Instructions

Complete Items A, B, and C. A street address or road location must be provided in order for license plates to be mailed. The name, telephone and fax number of the person who is responsible for completion of this application must be provided.

Item D - Temporary Permit Requested p Place√ in the appropriate box.

- Item E - All columns must be completed.
- Column 1 - Assigned owner equipment number (1-999999999)
 - Column 2 - Complete vehicle identification number
 - Column 3 - Year of vehicle
 - Column 4 - Make of Vehicle, Example: Dodge = Dodg, Ford = Ford, Freightliner = FRHT
 - Column 5 - Type: TT = Truck Tractor, TK = Single Truck, TR = Tractor, BS = Bus
 - Column 6 - License Plate Number - The license plate number for the vehicle with lost credentials
 - Column 7 - Decal Number - The decal number for the vehicle with lost credentials

Item F - Replacement Credentials Requests - Place and X in the appropriate box.

Item G - Declaration: signature, date and title of preparer must be completed.

Item H - Affidavit for Lost Cab Card

ITEM H

I certify that the International Registration Plan Apportioned Cab Card(s) issued for the owner equipment number(s) listed below have been lost.					
OEN	_____	MAKE	_____	YEAR	_____
OEN	_____	MAKE	_____	YEAR	_____
OEN	_____	MAKE	_____	YEAR	_____
OEN	_____	MAKE	_____	YEAR	_____
OEN	_____	MAKE	_____	YEAR	_____
OEN	_____	MAKE	_____	YEAR	_____
Manufacturers Identification Number _____					
Manufacturers Identification Number _____					
Manufacturers Identification Number _____					
Manufacturers Identification Number _____					
Manufacturers Identification Number _____					
Manufacturers Identification Number _____					
Manufacturers Identification Number _____					
Registrant/Representative Signature _____					
In the event I locate the above mentioned cab card(s), I will immediately forward them to the Department of Revenue, International Registration Plan Office.					